



## PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Division of Procurement Services.

*INSTRUCTIONS: Please provide the requested information in the white spaces below. All responses (except signatures) must be typed; no hand-written forms will be accepted. See the guidance document posted with this form on the Division of Procurement Services intranet site (Forms page) for additional instructions.*

PART I: OVERVIEW			
Department Office/Division/Program:	Administrative Office of the Courts, Office of Court Access		
Department Contract Administrator or Grant Coordinator:	Nickole Wesley, Communication Access Specialist		
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant):	\$ 6,250.00	Advantage CT/RQS #:	rqs20221209*0734
<b>CONTRACT</b>	Proposed Start Date:	12/6/2022	Proposed End Date: 12/13/2022
<b>AMENDMENT</b>	Original Start Date:		Effective Date:
	Previous End Date:		New End Date:
<b>GRANT</b>	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:	Moussa Abboud Worcester, MA		
Brief Description of Goods/Services/Grant:	Simultaneous French interpretation		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for the justification(s) that applies to this request. (Check all that apply.)			
<input type="checkbox"/>	A. Competitive Process	<input type="checkbox"/>	G. Grant
<input type="checkbox"/>	B. Amendment	<input type="checkbox"/>	H. State Statute/Agency Directed
<input checked="" type="checkbox"/>	C. Single Source/Unique Vendor	<input type="checkbox"/>	I. Federal Agency Directed
<input type="checkbox"/>	D. Proprietary/Copyright/Patents	<input type="checkbox"/>	J. Willing and Qualified
<input type="checkbox"/>	E. Emergency	<input type="checkbox"/>	K. Client Choice
<input type="checkbox"/>	F. University Cooperative Project	<input type="checkbox"/>	L. Other Authorization

Please respond to ALL of the questions in the following sections.

**PART III: SUPPLEMENTAL INFORMATION**

1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.

A French interpreter with the ability to provide simultaneous interpretation services for a jury selection and jury trial in a criminal matter. Mr. Abboud is certified in the Massachusetts Trial Courts. The Office of Court Access often reaches out to interpreters on the Massachusetts roster to help meet the current needs.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.

Mr. Abboud has worked with the Maine Judicial Branch in the past and is already familiar with the Judicial Branch's Standards of Professional Conduct for Interpreters. Mr. Abboud is also able to travel by car to Maine negating the need for the Communication Access Specialist to make travel arrangements.

3. Explain how the negotiated costs or rates are fair and reasonable, or how the funding was allocated to grantee.

Mr. Abboud's current rate is competitive for the services he provides. He charges a flat fee that includes travel time as well as mileage and meal reimbursements. This rate was negotiated and approved by the previous Communication Access Specialist. The jury selection and trial were cancelled on December 5, 2022 and per the cancellation policy is eligible to bill for 100% of the service hours.

4. Describe the plan for future competition for the goods or services.

The Communication Access Specialist will continue to identify qualified interpreters to provide simultaneous interpretation from other state court rosters or the National Center for State Courts.

**PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)**

Does this request utilize ARPA/MJRP funds?

Yes – If Yes, please attach the approved Business Case(s).

No – If No, proceed to Part V.

**PART V: APPROVALS**

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee)	
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Typed Name:	Dennis A. Corliss	Date:	12/20/22
Signature of DAFS Procurement Official:	DocuSigned by: Martha Verhille		
Typed Name:	891CE7A1493D45B... Martha Verhille	Date:	1/4/2023